

Foster Family Home - Corrective Action Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-14

1153 Kaweloka Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 1/29/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 3/1/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 10/6/19 and renewed on 10/16/19; Ecrim lapsed on 1/26/19 and renewed on 10/7/19. CG#2's APS/CAN lapsed on 1/23/2021 and no renewal result present in the CCFFH binder.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- Sign In/Out Sheet last entry was on 12/28/2019.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip rubber mat/surface present in the clients' shower.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 had not been trained in the CCFFH's Emergency Preparedness Plan. No signature of CG#3 noted in the form.

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization present from Client #3/POA for a video monitoring device inside client's bedroom.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- One lifesaving medication was not available for Client #2.

54.(c)(6)- No charting/documentation noted in Client #1's progress/observation notes by CG#1 since 1/7/2020 thru 1/28/2021.

Mirela Nakurine, RN

Compliance Manager
J. B. G. G.

Primary Care Giver

1/29/2021

Date
1/29/2021

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Shirley Baptista

(PLEASE PRINT)

CCFFH Address: 1153 Kaweloka St. Pearl City, HI 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8. (a) (1)	CG #1 APS/CAN lapsed cannot be fixed.	2/1/2021	To prevent lapsed in the future, I will store a reminder on cellphone (iPhone) 2 months before expiration.
8.(a) (2)	CG #2 APS/CAN lapsed cannot be fixed. Waiting for result. Result came back 2/1/21. Placed result in the CCFFH binder.	2/1/2021	To prevent lapsed in the future, I will store a reminder on my iPhone 2 months prior to expiration.
(3P) (b) (2)staff	Sign in and out sheet cannot be corrected for year 2020. Printed out the sign in and out sheet from Comties website. Clipped the sheet on a clipboard and hung it on the wall where I can see it. I have started writing down during the days I'm out of the home and when I came back home.	2/1/2021	I will remember to write down the date and time I am not present at home. Hung the sheet on clipboard by the entry door where I can see it before stepping out of the home.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Shirley Baptista

Date: 2/11/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Shirley Ann Baptista

(PLEASE PRINT)

CCFFH Address: 1153 Kaweloka St. Pearl City, HI 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.(a) (1)	Non slip rubber mat was placed in the client's shower.	1/30/2021	Home will ensure to have non slip mat in the shower at all times.
50.(a)	CG #3 had been trained in the CCFFH Emergency plan. Form had been signed and placed into the CCFFH binder.	2/4/2021	I will look at forms from the CCFFH binder that need to be trained and signed when adding new SCG.
53.(b) (9)	Authorization was made and signed by POA. Placed the form in client's binder.	2/1/2021	I ensure to have any Authorization letter from family of use any device for clients rights of understanding, respect, and full consideration. Including privacy.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Shirley Ann Baptista*

Date: 2/11/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Shirley Ann Baptista

(PLEASE PRINT)

CCFFH Address: 1153 Kaweloka St. Pearl City, HI 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (5)	Phone called Client #2 PCP to refill medication. Filled and stored medication in client's medication box.	2/9/2021	Home will ensure to have medications as well as PRN medication to be filled at all times. Will notify PCP if medication needs to be refilled by checking the medication daily.
54.(c) (6)	Printed out progress report worksheet from CMA. Started charting progress and/or observation of client. Placed the form in client's binder.	01/30/2021	Home will ensure to write down any progress of clients day by day. PCG will delegate SCG's to notes any observation of client during their duty.

☒ All items that were fixed are attached to this CAP

PCG's Signature: SBaptista

Date: 2/11/2021

☒ CTA has reviewed all corrected items